

APPLICATION FOR ACTIVE GUARD/RESERVE (AGR) POSITION

PRIVACY ACT STATEMENT

1. Authority: 32 USC 502(f), NGR 600-5 and AR 135-18.
2. Principal Purpose(s): To provide information for use in determining eligibility/qualifications for AGR positions.
3. Routine Uses: To determine applicant's eligibility for AGR position assignment or reassignment. Disclosure by you of your Social Security Number (SSN) is mandatory to obtain the services, benefits, or processes that you seek. The SSN is used as an identifier throughout your military career from the time of application through retirement. The information gathered through the use of the SSN will be used only as necessary in personnel administration processes carried out in accordance with established regulations of systems of records.
4. Effect on Individual's Not Providing Information: Individuals not providing information will not receive an appropriate evaluation for assignment or reassignment and cannot be given consideration for vacancies.

RESPONSE TO POSITION ANNOUNCEMENT #:				POSITION TITLE:			
NAME (Last, First, Middle)			SSN		DATE OF BIRTH		PLACE OF BIRTH
CURRENT STREET ADDRESS		CITY	STATE	ZIP CODE		HOME TELEPHONE	OFFICE TELEPHONE
SECURITY CLEARANCE		GRADE/BRANCH				SSI/MOS	
DATE OF FED RECOG (Officer)		DATE OF ENLISTMENT (Enlisted)				ROPA ELIMINATION DATE (Off) ETS(Enl)	

I. EDUCATION AND SPECIAL QUALIFICATIONS

1. HIGH SCHOOL								
NAME AND LOCATION OF LAST HIGH SCHOOL ATTENDED				DID YOU GRADUATE FROM HIGH SCHOOL?			YES NO	
IF YES, WHAT YEAR? IF NO, HIGHEST GRADE COMPLETED				DO YOU HAVE A GED CERTIFICATE?			YES NO	
2.. COLLEGE OR UNIVERSITY								
NAME OF LOCATION OF COLLEGE OR UNIVERSITY ATTENDED				DATES ATTENDED		NO. CREDIT HOURS		TYPE
				FROM TO		SEMESTER QUARTER		DEGREE
CHIEF UNDERGRADUATE SUBJECTS		NO. CREDIT HOURS		CHIEF GRADUATE SUBJECTS			NO. CREDIT HOURS	
		SEMESTER	QUARTER				SEMESTER	QUARTER

3. OTHER SCHOOLS OR TRAINING (Vocational, Trade, or Business)				
NAME AND LOCATION OF SCHOOL		TYPE OF COURSE	NO. HOURS PER WEEK	FROM TO

4. SKILLS AND QUALIFICATIONS				
Special skills and qualifications with office machines, (typing and shorthand speed), wheel and track vehicles, aircraft, etc. (Also list any licenses or certificates held (Pilot, Nurse).				

II. EMPLOYMENT HISTORY

May inquiry be made of your present employer regarding your character, qualifications, and record of employment? (A "NO" answer will not affect your consideration for employment.)

1. CURRENT OR MOST RECENT EMPLOYMENT				
NAME AND ADDRESS OF EMPLOYER		DATES EMPLOYED		AVERAGE HRS. PER WEEK
		FROM	TO	
		BEGINNING SALARY		ENDING SALARY
TITLE OR POSITION		IMMEDIATE SUPERVISOR & TELEPHONE NUMBER		NO. OF EMPLOYEES YOU SUPERVISE
KIND OF BUSINESS		YOUR REASONS FOR LEAVING		

DESCRIPTION OF WORK (Describe your specific duties, responsibilities, and accomplishments)				
Remarks Section)				

II. EMPLOYMENT HISTORY *(Continued)*

2. OTHER EMPLOYMENT

NAME AND ADDRESS OF EMPLOYER	DATES EMPLOYED		AVERAGE HRS. PER WEEK
	FROM	TO	
	BEGINNING SALARY		ENDING SALARY
TITLE OR POSITION	IMMEDIATE SUPERVISOR & TELEPHONE NUMBER		NO. OF EMPLOYEES YOU SUPERVISE
KIND OF BUSINESS	YOUR REASONS FOR LEAVING		
DESCRIPTION OF WORK <i>(Describe your specific duties, responsibilities, and accomplishments)</i>			

III. MILITARY HISTORY

1. MILITARY SERVICE *(Start with earliest service. Show changes in grade and duty in chronological order.)*

FROM	TO	(Check appropriate)				GRADE	ORGANIZATION	DUTY
		AD	AGR	NG	USAR			

2. MILITARY TRAINING

FORMAL SERVICE SCHOOL TRAINING				CORRESPONDENCE COURSES	
COURSE TITLE AND NUMBER	DURATION OF COURSE		COURSE/SUB COURSE TITLE	COURSE HOURS	
	WEEKS	DAYS			

3. MILITARY QUALIFICATIONS *List any MOS/SSI/AFSC which has been awarded on orders as primary.*

MOS/SSI/AFSC	DATE AWARDED	INDICATE HOW QUALIFICATION WAS OBTAINED <i>(Service School, On-the-job Training, Civilian Experience, etc.)</i>

4. INDICATE ANY OJT/OJE WHICH IS QUALIFYING FOR AN MOS/SSI/AFSC WHICH HAS NOT YET BEEN AWARDED ON ORDERS.

DUTY MOS/SSI/AFSC	EXACT TITLE OF POSITION	FROM	TO

ACTIVE GUARD/RESERVE POSITION APPLICATION CONTINUATION

IV. PERSONAL BACKGROUND QUESTIONNAIRE (All applicants must complete)

NOTE: A "YES" answer (Except #9 & 10) MUST BE FULLY EXPLAINED IN SECTION VI.	YES	NO
1. Within the last five years have you been fired from any job for any reason?		
2. Within the last five years have you quit a job after being notified that you would be fired?		
3. Have you ever been convicted, forfeited collateral, or are you under charges for a felony or any firearms or explosive offense against the law?		
4. During the past seven years have you been convicted, imprisoned, on probation or parole or forfeited collateral or are you now under charges for any offense against the law not included in Question 3 above?		
5. While in the Military service have you ever been convicted by a General court-martial?.....		
6. Does the United States Government employ in a civilian capacity or as a member of the Armed Forces any relative of yours (by blood or marriage)?		
7. Do you receive, or are you entitled to receive federal, military retired or retainer pay, service annuities, or other compensation based upon military, federal civilian service, or eligible for immediate federal service annuities?		
8. Have you ever been removed from active duty for reasons of unsuitability or unfitness for military service; non selection for promotion or resigned in lieu of adverse personnel action?		
9. Will you be able to complete a minimum of 10 years of continuous AGR Service prior to your mandatory separation date?.....		
10. Are you presently participating in a weight control program or is such action pending in accordance with AR 600-9?.....		
11. Are you a candidate for an elective office, holding a civil office (full or part-time), or engaged in partisan political activities as defined in AR 600-20?		
12. Have you been involuntarily removed from unit (Selective Reserve) service based on maximum years of service, qualitative retention or selective retention board action?		
13. Have you been involuntarily removed from unit (Selective Reserve) service for cause?		
14. Do you currently possess or is a report for suspension of favorable personnel actions pending?		
15. Have you voluntarily separated from the AGR Program, in any state for one or more days within the past year?		
16. Have you been relieved for cause from any duty assignment, including but not limited to relief from command, in the past year?		
17. Have you been involuntarily separated from the AGR Program or voluntarily separated in lieu of adverse action?.....		
18. (OFFICERS & WARRANT OFFICERS ONLY). Have you been non selected for promotion as <u>not</u> fully qualified by a promotion board convened by Headquarters, Department of the Army within the past 12 months?		

V. APPLICANTS FOR ENLISTED POSITIONS (Only)

1. Marital Status (check one);	<input type="checkbox"/> married	<input type="checkbox"/> single	<input type="checkbox"/> divorced	<input type="checkbox"/> separated
2. Number of dependents other than spouse.	_____			
3. List ages of dependents other than spouse.	_____			
4. Do you have dependents under age 18 but no spouse?	_____			
5. Is spouse a member of the Armed Forces?	_____			
6. If response to Questions 4 or 5 above is "YES", have dependents under 18 years of age been placed in custody of an adult (other than spouse) by court order?				
7. Are you required to pay child support?	_____	If yes, number of children for which you are paying support? _____		

VI. REMARKS AND CONTINUATIONS

VII. CERTIFICATION AND AUTHORITY FOR RELEASE OF INFORMATION

I have completed this application with the knowledge and understanding that any or all items contained herein may be subject to investigation. I consent to the release of information concerning my capacity and fitness by employers, educational institutions, law enforcement agencies, and other individuals and agencies to Personnel Specialists for that purpose. I also understand that a false answer to any question in this application may be grounds for not being employed, or for being released after I begin work.

I certify that all the statements made by me are true, complete and correct to the best of my knowledge and belief and are made in good faith.

SIGNATURE

DATE